31	ļ	A	-2		
R.	C.	35	17.	100	B)

## **Statement of Other Income**

	1	
Page		
1 450	<del></del>	

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Treneff for Council				
Full Name	Registration Number, if PAC			
Craig P. Treneff				
Address 148 Executive Court	Type• LN		M D Y Amount 0 8 1 9 1 1 \$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Westerville	OH	43081	Check	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name	OH		Registration Number, if PAC	
i un realie			Registration Number, it FAC	
Address	Type*		M D Y Amount	
	RE			
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name	0	_!	Registration Number, if PAC	
Address	Type*		M D Y Amount	
o.	RE			
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Туре*	The state of	M D Y Amount	
City	RE State	Zip Code	Form (Cash, Check, etc.)	
City	OH	2.000	Total (Cash, Check, Cle.)	
Name			Registration Number, if PAC	
	1 -1.			
Address	Type*	The state of the s	M D Y Amount	
City	State	Zip Code	Form (Cash, Check, etc.)	
·	OH,		and the state of t	
II Name		Registration Number, if PAC		
Address	Type*	Surveya Nava et a	M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE			
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

100.00 Page Total \$

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.